

O I P E  
AUG 26 1999

Docket No. SF/0014.01

PTO/SB/21 (12-97)

Please type a plus sign (+) inside this box

Approved for use through 9/30/00. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

4

Application Number

08/923,612

Filing Date

September 4, 1999

First Named Inventor

Suresh

Group Art Unit

2776

Examiner Name

Channavajjala, S.

RECEIVED

AUG 30 1999

TECH CENTER 2700

Attorney Docket Number

SF/0014.01

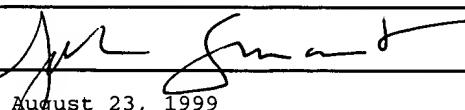
## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Resubmission with Fee Transmittal of the IDS mailed on 02/24/1999 which crossed in the mail the Office Action dated 02/18/1999. Copies of the IDS references are in the IDS mailed on 02/24/1999.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John A. Smart
	Attorney of record

Signature



Date

August 23, 1999

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 08/23/1999

Typed or printed name

John A. Smart

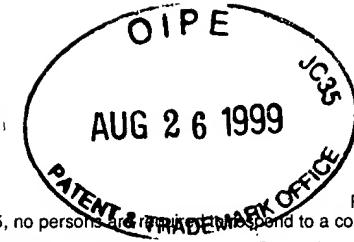
Signature



Date

08/23/1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Docket No. SF/0014.01

AUG 26 1999

PTO/SB/17 (12-98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# **FEE TRANSMITTAL**

## **for FY 1999**

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

**TOTAL AMOUNT OF PAYMENT** (\$ 240.00)

<i>Complete if Known</i>	
Application Number	08/923,612
Filing Date	September 4, 1997
First Named Inventor	
Examiner Name	Channavajjala, S.
Group / Art Unit	2776
Attorney Docket No.	SF/0014.01

<b>METHOD OF PAYMENT (check one)</b>	
<b>1.</b>	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
Deposit	
Account	500554
Number	
Deposit	
Account	
Name	Starfish Software, Inc.
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	
<b>2.</b>	<input type="checkbox"/> <b>Payment Enclosed:</b>
	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

## **FEE CALCULATION**

## 1. BASIC FILING FEE

**Large Entity Small Entity**  
**Fee Fee Fee Fee Fee Description**

**Fee Paid**

101	760	201	380	Utility filing fee
106	310	206	155	Design filing fee
107	480	207	240	Plant filing fee
108	760	208	380	Reissue filing fee
114	150	214	75	Provisional filing fee

**SUBTOTAL (1) (\$)**

## **2. EXTRA CLAIM FEES**

00000001	300554	Extra Claims	Fee from below	Fee Paid
total Claims		= 08923112	X	=
Independent				
AM-90 CH				
Multiple Defendant				

\*\*For number previously paid, if greater; For Reissues, see below.

<b>Large Entity</b>	<b>Small Entity</b>		
<b>Fee</b>	<b>Fee</b>	<b>Fee</b>	<b>Fee Description</b>

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)**

**SUBTOTAL (3)** | (\$) **240.00**

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	John A. Smart	Reg. Number	34,929
Signature		Date	08/23/1999
		Deposit Account User ID	

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